

Note: This is a sample

template, it is not

an OMB approved

form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Shawnee Communications, Inc.

Service Provider Name

Shawnee Telephone Company, Inc.

Company Address, City, State, Zip

PO Box 69

Equality, IL 62934

Service Provider Type

☐ Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name

James T. Coyle

Contact Tel #

618-276-4211

Fax #

618-276-4922

E-mail Address

jcoyle@shawneelink.net

Section 2

Local Area 911 Implementation

s List all individual local areas covered by this report (e.g., Lee County, Virginia):

1. Gallatin County, IL
2. Hardin County, IL
3. Johnson County, IL
4. Pope County, IL
5. Saline County, IL

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

1. Saline County PSAP
2. Hardin County Sheriff's Office
3. Johnson County PSAP
4. Undetermined
5. Saline County PSAP

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

1. Complete
2. Complete
3. Complete
4. Shawnee Telephone Company has met with the Pope County Authorities to discuss its options.
5. Complete

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

1. Complete
2. Complete
3. Complete
4. September 11, 2002
5. Complete

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

Pope County Authorities have not yet determined the routing point. Once the routing point is selected, no operational problems are anticipated.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities. Shawnee Telephone Company has met with the Pope County Authorities to discuss its options.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

- ☐ ☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.
- ☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature

Printed name of authorized representative James T. Coyle

Title President

Date 03/08/2002

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.

